STATEMENT OF

PAGE 1/6

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Young Democrats for America N/A ADDRESS (number and street) (Check if address is changed) Franklin 02038 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS democratsfh@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00612028 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Jonathan Joel DeJesus Type or Print Name of Treasurer Jonathan Joel DeJesus [Electronically Filed] 03 15 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

| FEC Form 1 (Revised 02/2009) | Page 2 |
|--|--|
| TYPE OF COMMITTEE Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate information be | elow.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.) | , |
| Name of Candidate | <u> </u> |
| Candidate Party Affiliation Office Sought: House Senate Preside | State |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee | ee. |
| Name of Candidate | |
| Party Committee: | (Domografia |
| (d) X This committee is a NAT (National, State or subordinate) committee of the DEM | (Democratic, Republican, etc.) Party. |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) It | s connected organization is a |
| Corporation Corporation w/o Capital Stock | Labor Organization |
| Membership Organization Trade Association | Cooperative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separa committee. (i.e., nonconnected committee) | ate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid | |
| (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate. | for two or more political |
| | |
| | |
| Committees Participating in Joint Fundraiser 1. | |
| Committees Participating in Joint Fundraiser | |
| Committees Participating in Joint Fundraiser 1. | |

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|--|--|--------------------------------------|
| Write or Type Committee Na | | - 3 |
| Young Democ | crats for America | |
| | d Organization, Affiliated Committee, Joint Fundraising Representa | ntive, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STAT | TE ZIP CODE |
| Relationship: Connec | cted Organization Affiliated Committee Joint Fundraising Repres | sentative Leadership PAC Sponsor |
| . Custodian of Records: lo books and records. | dentify by name, address (phone number optional) and position of the | he person in possession of committee |
| I | an Joel DeJesus | |
| Full Name Mailing Address | N/A | |
| Walling Address | | |
| | Franklin | 02038 |
| Title or Position | CITY STATE | ZIP CODE |
| President & Chairman | Telephone number | |
| B. Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the commi | ittee; and the name and address of |
| Full Name Jonatha of Treasurer | an Joel DeJesus | |
| Mailing Address | N/A | |
| | | |
| | Franklin | |
| Title or Position President & Chairman | CITY STATE | ZIP CODE |
| | Telephone number | |

| . 20 : 011 | n i (Revised | 02/2009) | | Page 4 |
|---|--------------------------------|--|----------|---------------|
| | | | | |
| Full Name of Designated | Chloe Page | | | |
| Agent | | N/A | | |
| Mailing Address | | | | |
| | | | | |
| | | Franklin | MA 02038 | - |
| | | CITY ST/ | ATE | ZIP CODE |
| Title or Position I Vice Chair | | | | |
| VICE OHAII | | Telephone number | | |
| | | | | |
| safety deposit be Name of Bank, | oxes or maint | | | |
| safety deposit be | oxes or maint Depository, e | ains funds. | | |
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| safety deposit be Name of Bank, | oxes or maint Depository, e | ains funds. c. N/A Franklin | MA 02038 | ZIP CODE |
| safety deposit be Name of Bank, | oxes or maint | ains funds. c. N/A Franklin CITY ST. | | ZIP CODE |
| safety deposit be Name of Bank, Mailing Address | Depository, e | ains funds. c. N/A Franklin CITY ST. | ATE | |
| Safety deposit be Name of Bank, Mailing Address | Depository, e | ains funds. c. N/A Franklin CITY ST. | ATE | |
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| Safety deposit be Name of Bank, Mailing Address | Depository, e | ains funds. c. N/A Franklin CITY ST. | ATE | |
| Safety deposit be Name of Bank, Mailing Address | Depository, e | ains funds. c. N/A Franklin CITY ST. | ATE | |

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Form/Schedule: F1N Transaction ID:

Young Democrats for America - All funds go into contributing Hillary for America & Hillary Rodham Clinton

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Victoria L Morales Full Name N/A Mailing Address Franklin MA 02038 Title or Position CITY # **STATE** ZIP CODE Vice Chair Telephone number [ADDITIONAL] Joint Fundraiser Participant FEC ID number